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Attention: Group Art Unit: 1795	From: Travis Dodd
Fax: 571-273-8300	Fax: 818-833-2065
Phone:	Phone: 818-833-2014
Company: U.S. Patent and Trademark Office	Company: Quallion LLC
	Pages: Total of (38) Pages
Re: Application Serial No.: 10/666,860 Title: ELECTRIC STORAGE BATTERY CONSTRUCTION AND METHOD OF MANUFACTURE Filed: September 17, 2003 Examiner: Cynthia Lee Group Art Unit: 1795 Attorney Docket No.: Q137-US3	Date: March 26, 2008

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I hereby certify that the following documents are being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 571-273-8300 on March 26, 2008:

Amendment Transmittal Letter (2 pages)
Fee Transmittal (in duplicate) (2 pages)
Amendment (7 pages)
Information Disclosure Statement (2 pages), PTO Form 1449 (1 page) and copy of one reference
(22 pages)
Form PTO-2038 Credit Card Authorization (1 page)

Lisa K. Robbins

(Name of Person Signing Certificate)

(Signature)

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/37 * RCVD AT 3/26/2008 5:41:33 PM [Eastern Daylight Time] * SVR:USPTO-EFAXF-5/28 * DNIS:2738300 * CSID:8188332065 * DURATION (mm-ss):05-32

MAR 26 2008

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/666,860
	Filing Date	September 17, 2003
	First Named Inventor	Hisashi Tsukamoto et al.
	Group Art Unit	1795
	Examiner Name	Lee, Cynthia
Total Number of Pages in This Submission	Attorney Docket Number	Q137-US3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment <input checked="" type="checkbox"/> After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

Customer Number or Bar Code Label

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(Insert Customer No. or Attach bar code label here)

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Dated: 3/26/2008

By:


Phone: (818) 833-2003
Fax: (818) 833-2065Travis Dodd
Attorneys for Applicant(s)
P.O. Box 923127
Sylmar, CA 91392-3127

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, DC 20231 on this date: _____			
Typed or printed name	TRAVIS DODD		
Signature		Date	

MAR 26 2008

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/666,860
		Filing Date	September 17, 2003
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Remarks		

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Respectfully submitted,	
Dated: 3/26/2008 Phone: (818) 833-2003 Fax: (818) 833-2065	By:  Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127

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Signature		Date	

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FEE TRANSMITTAL

Attorney Docket No.	Q137-US3
First Named Inventor:	TSUKAMOTO, Hisashi et al.
Application Number	10/666,860
Filing Date:	September 17, 2003
Examiner Name:	1795
Group/Art Unit:	Cynthia Lee

TOTAL AMOUNT OF PAYMENT:	\$ 180.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Other - Credit Card</p>

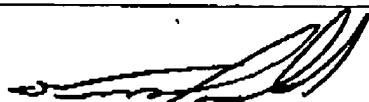
2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$310.00	\$155.00	\$0.00
Total Claims	16 - 20 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	1 - 3 =	0	X \$210.00	X \$105.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$370.00	\$185.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$210.00	\$105.00	\$0.00
Reissue filing fee	\$310.00	\$155.00	\$0.00
Provisional filing fee	\$210.00	\$105.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/26/2008

03/27/2008 VBUI11 00000058 500921 18666860

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Fee Description	Large Entity	Small Entity	Other
Information Disclosure Statement	\$	\$	\$180.00
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$180.00

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	3/26/2008